

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9913,345

FILING DATE

APPLICANT'S

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1				51
1			1			52
1			1			53
4			1			54
4			1			55
4			1			56
4			1			57
1						58
2			1			59
2			1			60
2			1			61
2			1			62
2			1			63
3			1			64
3			1			65
3			1			66
1			1			67
1			1			68
1			1			69
1			1			70
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						97
						98
						99
						100
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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